REMARKS

In the First Office Action, Claims 1-31 were rejected. Claims 1-14 and 16-31 were rejected under 35 U.S.C. §103(a) as being unpatentable over Koritzinsky et al. (U.S. Patent Publication Serial No. 2001/0018659) in view of Evans (U.S. Patent No. 5,924,074). Claim 15 was rejected under 35 U.S.C. §103(a) as being unpatentable over Evans in view of Roewer (U.S. Patent No. 5,734,915). Applicant respectfully traverses this rejection with respect to Claims 1-31, as amended, in view of the following arguments.

As an initial matter, the applicant amends Claim 30 in response to the examiner's objection to Claim 30 under 37 CFR 1.75(c) as being in improper form because Claim 30 has its dependency on Claims 17 and 29. Claim 30 is amended to reflect its proper dependency on only Claim 17.

With respect to the examiner's rejection of Claims 1 and 15, applicant submits that Evans does not teach or disclose the "master folder" limitation as described in Claims 1 and 15. More particularly, Claims 1 and 15 recite the display of a representation of a "master folder" that is specifically developed for use by radiologists and radiology departments.

In contrast, Evans discloses a multi-purpose "patient chart window" for use with an electronic medical record ("EMR") system for use by primary care physicians. The EMR system of Evans is used by primary care physicians to access a wide range of available medical data relating to a patient stored in a "patient data repository" and to communicate and share that data among a network of health care providers and other primary care physicians. (Col. 5; ll. 1-28). The EMR system of Evans also has the capability to permit primary care physicians to access "legacy data systems" to obtain additional patient information from paper files and electronic databases. (Col. 5; ll. 1-28). Thus, the purpose of the EMR system of Evans is to provide a

system for use by a network of primary care physicians to manage, update and maintain patient data stored in a centralized patient data repository and to permit such primary care physicians to share such data to treat their respective patients.

Further, as shown in FIG. 5 of Evans, the "patient chart window" disclosed by Evans is designed to display a vast range of medical data that may be useful to a primary care physician. For example, the "patient chart window" displays a "tabbed layout" with headings for "patient data", "clinical data", "encounter data", "practice guidelines", "laboratory", "history", "medication date" and "progress notes". (Col. 6; ll. 40-44; FIG. 5). By pointing and clicking on a tab and otherwise interacting with the "patient chart window" interface, a primary care physician is able to access various "folder windows" where the primary care physician can enter, review and update data relating to patient complaints, lab orders, medications, diagnosis and procedures. (Col. 6; ll. 45-67; Col. 7; ll. 1-40; FIG. 5). As shown in Evans, such data may relate to a wide variety of ailments and treatments ranging from stomach aches to blood chemistry to asthma and allergies.

In contrast, the applicant's system and the applicant's "master folder" interface were designed specifically for use by radiologists and radiology departments. Thus, the information accessible using the applicant's "master folder" is information and radiology images that are of most importance to a radiologist and a radiology department. Also, the applicant's "master folder" depicts a graphical representation of the information in a layout and color scheme that conforms to the functional, utilitarian aspects of the layout and color scheme traditionally used on the manual paper folders used by radiologists and radiology departments and adopted by the industry. As shown in FIG.1, the "master folder" of the applicant's system only includes basic patient identification information and information and links to radiology reports and images.

Also, the functionality and features of the applicant's system accessible from the "master folder" are all directed to presenting radiologist with important radiology information and images such as the "modality subfolder" depicted in FIG. 4 and the display of radiology images in the formats, configurations and modes familiar to radiologists as shown in FIG. 5 through 13. The applicant's "master folder" does not include "tabs" or links to other types of information relevant to a primary care physician's practice or to other medical specialties.

Admittedly, as shown in FIG. 8 of Evans, the "patient chart window" of Evans can be used by a primary care physician to view patient data that may be an x-ray or radiology image. (Col. 7; ll. 34-36; FIG. 8). However, the "patient chart window" of Evans would not be satisfactory for use in connection with a radiology practice because it includes general medical information that is not relevant to a radiology practice. Also, Evans does not provide the information and radiology image viewing functionality and features shown in applicant's FIG. 5 through 13. Indeed, including functionality and features specifically for use by a radiologist and a radiology department would appear contrary to the purpose of Evans to provide a multi-purpose "patient chart window" that provides information relating to a variety of a patient's medical information applicable to a primary care physician's practice. Similarly, the applicant's system would not be satisfactory for use by a primary care physician as a substitute for the system of Evans because it fails to include the general medical information relevant to a primary care physician's practice. This distinction is critical because radiologist's desire a user interface that is specifically tailored for managing the types of information, reports and images used in a radiology practice and that presents such information in a layout and color scheme that conforms to the layout and color scheme traditionally used on the paper folders used by radiologists and radiology departments.

Applicant has amended its independent claims, Claims 1, 15, 16 and 17, to further define the "master folder" as a folder for use specifically by radiologists and radiology departments.

In response to the examiner's arguments for combining Koritzinsky and Evans, applicant notes that obviousness can only be established by combining references to produce the claimed invention where there is some teaching, suggestion or motivation to do so in the references themselves or in the knowledge generally available to one of ordinary skill in the art. The mere fact that references could be combined or modified does not render the resultant combination obvious unless the prior art also suggests the desirability of the combination. If a proposed modification from a combination of references would render the prior art invention being modified unsatisfactory for its intended purpose, then there is no suggestion or motivation to make the proposed modification.

Applicant believes that there is no suggestion to combine Koritzinsky and Evans and that such a combination is improper. Koritzinsky discloses a system for handling imaging and diagnostic system protocols for setting up operational parameters for various imaging modalities. (Col. 1; ll. 0009-0010). Such imaging modalities may include computed tomography ("CT") systems, x-ray systems, magnetic resonance ("MR") systems, positron emission tomography ("PET") systems, ultrasound systems and nuclear medicine systems. The system of Koritzinsky makes such protocols available to a user for use with an image scanner at a image service center by providing a graphical user interface that the user can use to manage, select and load the protocols. (Col. 1; ll. 0009-0010).

Unlike Evans, the system of Koritzinsky is intended for use at a image service center to process image data on a medical diagnostic system rather than as part of a physician's record keeping in connection with the physician's treatment of a patient at the point of care. Also, the

system of Koritzinsky is capable of managing imaging modalities only and does not include other types of information and data relevant to a patient's medical condition such as physician reports, medication data, medical history or patient complaints. Thus, there is no suggestion to combine Koritzinsky and Evans because the systems are intended to have different applications and uses and to perform different functions.

Similarly, applicant believes that there is no suggestion to combine Roewer and Evans and that such a combination is improper. Roewer discloses a system for manipulating digitized medical images from a variety of modalities through a graphical user interface on an image workstation. (Col. 2; ll. 45-50). Like the system of Koritzinsky, the system of Roewer is intended solely for use to manipulate image data on an image workstation and, in contrast to Evans, is not designed to aid a physician in all aspects of the physician's record keeping at the point of care. Unlike Evans, Roewer does not disclose functionality or features relating to other types of information and data relevant to a patient's medical condition as is disclosed in Evans.

Accordingly, applicant respectfully submits that claims 1-31, as amended, are patentable over Koritzinsky, Evans and Roewer either alone or in combination and the rejections under 35 U.S.C. §103(a) should be withdrawn. Applicant reserves its right to swear behind any one or more of the references cited by the examiner.
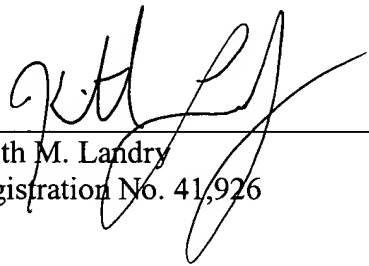
CONCLUSION

Favorable action and allowance of the application as now presented is respectfully

requested.

Respectfully submitted,

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